## Diabetes Prevention and Control Program South Dakota Department of Health Grant Contribution Matching Time Worksheet

Name: Address:	Title/Position:Phone:						
7 talan 5551	Street	City	Zip				
Please record	all time in hours:	1/4 hour = .25 or 1 h	nour = 1				
Date		Type of Activ	rity (Describe)		Time	Other Costs	ncurred
Rev. 6/08		Signature:_			Da	ate:	